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<i>Effective on 12/08/2004.</i> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete if Known</b>	
		Application Number	10/736,675-Conf. #4112
		Filing Date	December 17, 2003
		First Named Inventor	Akira YODA
		Examiner Name	J. R. Kucab
		Art Unit	3621
TOTAL AMOUNT OF PAYMENT	(\$ 120.00)	Attorney Docket No.	3562-0133P

<b>METHOD OF PAYMENT</b> (check all that apply)					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 02-2448		Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input type="checkbox"/> Credit any overpayments		

<b>FEES CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fees Paid (\$)</b>
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>							
Each claim over 20 (including Reissues) 50 25							
Each independent claim over 3 (including Reissues) 210 105							
Multiple dependent claims 370 185							
<b>Total Claims</b> 18 - 20 = <b>Extra Claims</b> x <b>Fee (\$)</b> = <b>Fee Paid (\$)</b>				<b>Multiple Dependent Claims</b>			
				<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b> 3 - 3 = <b>Extra Claims</b> x <b>Fee (\$)</b> = <b>Fee Paid (\$)</b>				_____			
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b> - 100 = <b>Extra Sheets</b> /50 = <b>Number of each additional 50 or fraction thereof</b> x <b>Fee (\$)</b> = <b>Fee Paid (\$)</b>							
				<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount) 120.00							
Other (e.g., late filing surcharge) 251 Extension for response within first month _____							
_____							
SUBMITTED BY							
Signature 				Registration No. 29,680		Telephone (703) 205-8000	
				(Attorney/Agent)			
Name (Print/Type) Michael K. Mutter				Date May 21, 2008			